agreed to by Lok Sabha at its sitting held on Thursday, the 20th November, 1986:—

Enacting Formula

1. That at page 1, line 1, *for* the word "Thirty-sixth" the word "Thirty-seventh" be *substituted*.

Clause 1

2. That at page 1, line 4, *for* the figure "1985" the figure "1986" be *substituted*."

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

MR. CHAIRMAN: Now we shall take up the Calling Attention Motion. Yes, Mr. Gopalsamy.

Deteriorating conditions of public hospitals in the country and particularly in Delhi . . .

SHRI V. GOPALSAMY (Tamil Nadu): Sir, I beg to call the attention of the Minister of Health and Family Welfare to the deteriorating conditions of public hospitals in the country and particularly in Delhi and the steps taken by the Government in this regard.

[**Mr. Deputy Chairman** in the Chair]

THE MINISTER OF STATE IN THE DEPARTMENT OF HEALTH IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): Madam, for the nearly 80 lakhs population of Delhi, there are 6 major hospitals which offer wide-ranging primary, secondary and tertiary medical facilities. The total bed strength in the Delhi Hospitals is 16,456 which includes Government, Local Bodies and Voluntary Organisations. This means that we have 1 bed for every 784 people of Delhi. The Seventh Plan National Target is 1 bed for every 1000 people. It is evident from these figures that Delhi is better provided in the matter of provision of beds per 1000 population when compared to the country-wide target set for the Seventh Plan.

Notwithstanding the increase in population in Delhi which was 40 lakhs in 1971 to 80 lakhs in 1986, the bed-population ratio (of one bed for 784) should be seen as an achievement of improvement in the health facilities in Delhi. The improvements in medical care facilities under the central government are such that the quality and variety of facilities offered by Delhi hospitals prove attractive to the neighbouring States also, whose population prefers to come to Delhi. There has been a steady and constant improvement in the quality of medical care in Delhi including manpower, investigations, maintenance, drugs and logistic support etc. Delhi hospitals provide emergency medical care round the clock in all the major hospitals, which is utilised effectively by approximately 3000 patients every day. All such services are provided free of charge. Over and above this, hospitals also attend to patients through out-patient departments to the tune of approximately 20,000 patients every day.

It is a well-known fact that each patient who visits any of the Delhi hospitals has often with him 5-6 relations, depending upon the seriousness of the illness and all those add to over-crowding in the hospitals. These people utilise the facilities of the hospitals leading to increasing strain on the services available. It is also a well-known fact that the average patient visits three hospitals before finally making up his mind. A work-study conducted by the Department of Personnel and Administrative Reforms has established that this practice itself proves to be a constraint on the hospital resources available.

Government on its part has provided increasing funds to all the hospitals for patient care over the years to meet the increasing needs of the patients.

The improvements in facilities in the hospitals should be seen in the light of the fact that now many highly sophisticated investigations and treatment are increasingly available, free of any charge, in all the Delhi hospitals. The widening spectrum of investigation facilities are highlighted by C.T. Scan facilities, Cancer detection facilities, radio nuclide studies, Intensive coronary care centres, intensive care units and transplant facili-

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ties. All these steps have a total effect of providing ever-improving medical care and attracting an ever increasing number of patients, which is evident to any ordinary visitor to the hospitals.

To remove grievances, every hospital has a cell wherein complaints are received, investigated and redressed. To augment the existing hospital facilities, both qualitatively and quantitatively, efforts are being constantly made and the Government has already established two 500 bedded hospitals in Shahdara and Hari Nagar. These hospitals are already partly operational. In addition during the Seventh Plan period a third 500 bedded hospital at Rohini complex is to be established. Seven 100 bedded hospitals are also being established and one of them at Mangolpuri has already started its OPD facilities. The other hospitals being established are at Jaffarpur, Khichripur, Jahangirpuri, Siraspur, Pooth Khurd and Maidangarhi. These steps, it is hoped will relieve, to a considerable extent, the pressure of patients on the existing hospitals from the outlying areas and the new colony areas where some imbalance in the geographical distribution of facilities has crept in.

The Government is also opening 41 health centres in the Union Territory which will provide not only curative services but also preventive, promotive and Family Welfare services.

It is expected that with the commissioning of these facilities, the geographical imbalances of medical services in Delhi will be largely mitigated and people, especially those belonging to weaker sections of our society, will have easy access to optimal medical attention.

The efficiency of hospital is normally measurable by objective parameters, like the average length of stay, hospital death rate, infection rate, average bed-occupancy rate, etc. An evaluation of these parameters clearly indicates a constant improvement over the years inspite of the increasing population and rising demands on the hospitals. Inspite of the above constraints, the average death rate today in major Delhi hospitals is approximately 3.5 per cent. The bed-occupancy rate is more than 120 per cent in most of the hospitals (Internationally accepted occupancy rate is a maximum of 75 per cent).

The above data would clearly indicate that there has been steady improvement in the hospitals in Delhi. There is however, always room for improvement, and the Government is constantly trying to upgrade available facilities and improve the patient care services. In our endeavour we seek the cooperation of Hon'ble members in helping us to improve the services further.

As for hospitals in the other parts of the country, they are the sole responsibility of the respective State Governments from whom information could be collected and made available.

SHRI V. GOPALSAMY: Madam Deputy Chairman, the hon. Minister tried in vain to give a rosy picture of the condition of the hospitals in the country. Madam, the hospitals in the country, particularly in Delhi, are in a total mess in all its dimensions. The hospitals which are supposed to cure the poorest of the poor, have in fact become live examples of how to fleece the poor in a thousand ways. Nothing moves in the hospitals without grease money.

Madam, public hospitals in the country are no longer a haven for the care and treatment of the ailing, but they are fast turning into veritable death traps for the helpless patients. Madam, I shudder to read some of the shocking reports of deaths due to unpardonable criminal negligence of the doctors and staff in these hospitals. Take the case of the All-India Institute of Medical Sciences in Delhi:

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"On April 23, 1986, when Mrs. Sood was taken to the AIIMS her case was referred to OPD by emergency. She was forced to

wait in a long queue at the OPD although she could barely stand. After repeated requests, her case was referred to a doctor for 'examination and opinion'. The doctor, without even examining her wrote on the card 'No bed. Come on Tuesday' which was three days later. On Mrs. Sood's pleading, a bed was ultimately arranged in the Emergency Ward.

But despite her serious condition, Mrs. Sood was treated callously and finally while she was being taken in a wheel chair, she collapsed."

Again take the Safdarjung Hospital. This happened in May last year.

"Hiralal, ward number 27, bed number 26, operated upon for a fracture on one of his upper legs on May 17. The doctors, helped by some karamcharis took the patient, in no position to be moved, to the ground floor, virtually dragging him along the way. He was then 'tortured' to extract money, and an insider added that Hiralal was told that if he did not pay up, the plaster on his leg would be removed. Not only that, his relative, a sixty-year old man, was first bashed up and then forced to donate blood."

Further, Madam:

"...another patient in a precarious, profusely bleeding state in the intensive care unit, was allowed to die because the selected group of technicians, whose immediate report was extremely crucial for his survival, were involved in a closed door fifty-paisa card game."

Here is another shocking report from Bhopal. I quote:

"Two women, reportedly pregnant, who were writhing in labour pain unattended for a considerable time, died at Local Sultania Ladies Hospital here within a short span of 24 hours allegedly due to criminal negligence on the part of doctors who were supposed to have been attending them."

Here comes another shocking report: "Death due to infected blood?" I quote 'Indian Express' of April 12, 1986:

"Infected blood given to two patients at the Ernakulam General Hospital is believed to have claimed the life of one and left the other blind The patients who were affected by the infected blood given to them at the hospital on January 18, 1986, are P.A. Shamsudeen of Edayar near Alwaye and Mary from Kunnukuzhi near Idukki."

Madam, there is another episode which took place in Bombay in the J. J. Hospital. The glycerol death shocked the entire country. Again, in the KEM. Hospital, two kids reportedly lost their lives after being administered what was suspected to be denatured spirit. Another shocking news is too horrible for words. It appeared in 'The Indian Express' dated the 5th November, 1986. It says:

"After the startling exposure involving Bombay's KEM hospital and the mental asylum in Ranchi, comes the news of the death of three inpatients of the Osmania General Hospital in Hyderabad who were dumped alive in the compound of its morgue. The inhuman manner in which the three hopless patients were pushed into the mortuary by some hospital sweepers without observing any of the specified procedures is too horrible for words. But for the alert forensic official who found one of the 'bodies' alive, the crime may not have come to light at all. One of the victims of the criminal neglect died later in the morgue, while the other two, who were taken back to the hospital, died some ten days thereafter."

These are the shocking reports on how our hospitals are being run in the country. Madam, when the Minister stated the bed strength in the hospital, she cleverly stated that the total bed strength in the three major hospitals is 16,456. I would like to know from the Minister what is the

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bed strength of Ram Manohar Lohia Hospital and Safdarjung Hospital. If I am correct, the bed strength of Safdarjung Hospital is more or less 1250 for the past 20 years. The bed strength has not increased . If the Minister goes, he would see that nearly 500 to 600 patients are lying on the floor without any bed in the Safdarjung Hospital. You can see hundreds of patients lying on the floor in the Ram Manohar Lohia Hospital.

Madam, I would like to know from the Minister what steps he has taken to maintain the medical records of the in-patients and out-patients. They are not properly maintained and nothing is available in the hospitals. N.A. (Not Available) have become very popular words in the hospital. No medicines, no dressing, no oxygen cylinders, no investigation facilities There is shortage of wheel chairs and stretchers. It is very much affecting the patients. You cannot get an ambulance. If you dial 102, you will get the answer, "No ambulance". If somebody wants to wait and get the ambulance, he will be on the road to death. That is the position. Madam, I would like to know for how many days the patients have to wait in the Ram Manohar Lohia and Safdarjung Hospitals and the All India Institute of Medical Sciences for a Barium X-Ray and for IVP test. They have to wait for one to three months. For cardiac catharisation, the heart patients have to wait for months and years together. They have to wait for one and a half years for cardiac catharisation. They have to wait for one and a half years for cardiac surgery in the All India Institute of Medical Sciences. The treatment of VVIPs is different. The ordinary citizens are asked to wait for two to three years. This is the condition of the hospitals in Delhi.

Madam, now I come to the accountability of doctors. The Americans have extended the concept of accountability to the medical profession. Unlike in India, an American doctor has not only to put down in writing the medicine he has given, but he has also to put down in writing the reasons for giving the treatment he has prescribed and he has to face a suit for damages if anything goes wrong for which he may be held responsible. But if the Americans have gone too far in this matter, we stay on the opposite extreme, that is, the extreme of passivity. We do not even insist that our doctors should write their reasons for the treatment that they prescribe. One important factor I would like to bring to the notice of the honourable Minister. How do you make promotions in these hospitals, in the Safdarjung Hospital as also in the Ram Manohar Lohia Hospital? When the Medical Superintendent is appointed—I can cite many instances —they were promoted in supersession of many senior doctors and you never stick to seniority. In the Ram Manohar Lohia Hospital, when Dr. Inder Bhargava was appointed as the Medical Superintendent, he superseded many senior doctors. Even the present Medical Superintendent, Shri J. P. Singh, was promoted and he superseded many senior doctors. The same is the case with the Safdarjung Hospital also. There also, continuously, when Medical Superintendents were appointed, the senior doctors were superseded. That is why, Madam, when the doctors are banned from having private practice, they could never have any discipline in this hospital and they have lost faith in their superiors. How can the present Director-General control them and enforce discipline? He himself got the promotion after superseding many doctors when he was made the Medical Superintendent.

Then, Madam, what about *ad hoc* appointments? Many posts are lying vacant and according to their own sweet will and pleasure, these *ad hoc* appointments are made. Not only that, Madam. Take the case of the nurses. Accommodation you have not provided to them. You are spending crores and crores of rupees

on many things like the NAM, CHOGM, ASIAD, etc. But you are not providing money to get proper syringes, needles, etc. and they do not get sterilized needles and syringes and they use the contaminated blood bottles, they use the contaminated glucose bottles and they use the contaminated needles and syringes which spread infection and cause hepatitis and tetanus.

Regarding the question of providing accommodation to the nurses, Madam, this is the reply I got from the honourable Minister to my question on 12th November 1986

"In the Ram Manohar Lohia Hospital, out of 406 nurses 293 have no accommodation. In the Safdarjung Hospital, out of 342 nurses 303 have no accommodation. In the [illegible] Medical College and Hospital out of 49 nurses 109 have no accommodation"

Madam, they have to stay somewhere and that is why they are living in the outskirts of Delhi. How can you expect them to work in these hospitals round the clock and care for the patients? Is it not your duty to provide accommodation to these nurses in these hospitals? Of course, our honourable Minister, Mr Narasimha Rao is a very able person and I know that in his hear of hearts he will agree with me about the conditions in these hospitals

KUMARI SAROJ KHAPARDE: Definitely we won't agree

SHRI V GOPALSAMY Because he is here, Madam I am unable to be so rigid in my words But he will accept what I say If you go to these hospitals and see, you will agree with me I am telling here about what is happening in the country and what is happening in the hospitals, I am telling only that here. Now, I would like to know certain things from the honourable Minister:

What steps will the Government take to bring accountability of doctors? What steps the Government would take to make available essential drugs which are the needs, essential needs, of these hospitals? What steps are you going to take to increase the bed strength of these hospitals? What steps are you going to take to eradicate the evil of using contaminated bottles, needles and syringes? What steps are you going to take to maintain proper medical records?

Then, Madam, I would also like to know from the Minister what steps he is going to take to follow the rule of seniority when promotions are made and what steps he is going to take to provide accommodation to the nurses

I hope Madam that the Minister would give some reply to my questions Thank you.

DEPUTY CHAIRMAN [illegible] Kulkarni

SHRI A G KULKARNI (Maharashtra) Madam, I object to the statement made by my friend Miss Saroj Khaparde, I might was like some paper to be submitted to an examiner for getting some marks because when we ask some of our youngsters to write an essay they write something like this Similarly my friend, Miss Khaparde has given a statement which is full of praise for the hospitals in Delhi .

KUMARI SAROJ KHAPARDE It is not full of praise; it is full of facts which I have kept before the House.

SHRI V. GOPALSAMY: People will laugh at you.

SHRI A G KULKARNI: If these 'facts' go into newspapers tomorrow, all the Delhiwallas will laugh at this

SHRI V GOPALSAMY Definitely.

SHRI A G KULKARNI: I will not laugh at this, Madam, because I know you very well. You don't worry about that Madam Deputy Chairman, why I say this is: I object to the very contents of the statement. The facts, the statistics do not prove anything It is the experience of the poor people that matters.

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And the reason why we are discussing today is that very serious condition prevails in the entire country not only in Delhi. And as the Minister has righty stated, they may not be responsible; it is the State 'Governments' responsibility. Madam, my friend here, being a youngman, was a bit agitated. He has given many instances with his blood boiling. Perhaps he has to take care of himself.

SHRI V. GOPALSAMY: I am all right.

SHRI A. G. KULKARNI: Blood pressure is also another health problem. Madam, there are various aspects of this deterioration in the hospitals and I would appeal to our senior Minister here that we should apply our mind as to why in this country, with so much medical care being available, the poor are suffering The quality is not only deteriorating, it is in a callous state—the professional quality of doctors is in a callous state. I come from an area where service in medical profession was taken as service to God. But now I find rampant corruption in the various hospitals, whether in Delhi or anywhere else in the country itself including my own State of Maharashtra. I am saying this in the hope that the Minister will take cognizance of our feelings. We are very agitated over it and while expressing our anguish over this deterioration, corruption I think the Minister will agree with me that use of politicians to get promotions, to get admissions so hospitals is the root cause... (*Time bell rings*). Madam, I have to make some points.

THE DEPUTY CHAIRMAN: You make your points now. Please make your points.

SHRI A. G. KULKARNI: I can't. It is a very serious subject.

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI P. V. NARASIMHA RAO): He is going in circles.

SHRI A. G. KULKARNI: I will come to the point now and not have a rambling discussion on hospitals.

SHRI P. V. NARASIMHA RAO: That you have already done.

SHRI A. G. KULKARNI: I am going to the points now. That is why I am appealing to you, Mr. Minister to apply your mind. I do not again mention the callous attitude of doctors in the JJ Group of hospitals, in KM Hospital, what has happened there is only a political flattery whereby glycerol was purchased from a company which was not authorised at all. It is being investigated. I can understand that you will take that plea also. That is one aspect of it. That is why, Mr. Minister, I mentioned that political patronage to medical profession and in the admission system in the medical colleges itself is the root cause of the entire deterioration in the hospital services. Madam, Deputy Chairman, I am a little bit emotionally worked up because my friend is not here. He will bear with me. It was Mr. Salve himself who issued a statement that Mr. Chavan was the casualty of the All India Institute of Medical Sciences. I feel very sorry for him. At that time, I was not a member of Parliament. I know Mr. Lohia's case. I can quote you instances. What was the death rate? The point is that even big percentages are given wrong treatment. A man like Mr. Chavan was given wrong treatment. He was the casualty of the All India Institute of Medical Sciences. It was Mr. Salve's statement on which I keep my faith. I was not a Member of

Parliament at that time. (*Time bell rings*).

Madam, there is another aspect to it. There is a memorandum. I would like to know whether it is also a fact. A memorandum signed by 39 members of Parliament was submitted to the Prime Minister last year The memorandum was submitted about the callousness and deterioration in the Safdarjung Hospital. I do not want to go through it. Very costly imported equipment is lying unused and it is because of one person. I do not want to name him and go into details because it will be maligning that doctor unnecessarily. But if you want I can read his name. (*Time bell rings*).

THE DEPUTY CHAIRMAN: Please sum up.

SHRI A. G. KULKARNI: I can read the name. I do not want to quote. the substantive point is that the admission to medical college is one of the reason for deterioration in hospitals. I want to draw the attention of the Minister to one aspect. Even some of my friends on this side may not agree. The Industrial Disputes Act is applied to hospitals like the Jaslok Hospital and Bombay Hospital. The menials, the nurses and the lower staff are being protected by the Industrial Disputes Act. It is high time, Mr. Minister, if you want really to improve the conditions in the hospitals, then the application of the Industrial disputes Act to the hospitals has to be scrapped. (*Time bell rings*). Madam, you have to give me two or three minutes more.

THE DEPUTY CHAIRMAN: I have already given.

SHRI A. G. KULKARNI: I am sorry, but I have to make my point.

THE DEPUTY CHAIRMAN: There are many other speakers.

SHRI A. G. KULKARNI: I am on my substantive point. Mr. Minister I am saying that a hospital is not an industry at all. It is a wrong step. It is not socially desirable that the service organisations like hospitals should be treated as a matter of Industrial Disputes Act. I would like to say that the organisations of doctors in Maharashtra and in Delhi very recently were on strike. They are always on strike. The casualty is the poor man. The rich man goes to the private hospital. Poor man is the casualty. Why do they go on strike? I do not blame the doctors. Perhaps their service conditions and pay scales were not adequate. Whatever assurances have been given by the State Governments or the Central Government are not carried and implemented. This is another aspect. These doctors are highly professional people and their parents spend all their scarce resources. This should be taken care of.

I want to make my last suggestion. I am not a doctor myself. But in Pune there is an American Mission. There is what they call a mortality meeting or Death Committee meeting. This is what they call it. I do not know whether it is held in Delhi. This Dean is obliged to keep the record of mortality and whatever deaths occur in the hospital when the Death Committee Meeting is held. I know the position when Dr. Jivraj Mehta was the Dean of the KEM Hospital. He was also a Minister in Maharashtra. He told me, "Mr. Kulkarni, the mortality committee meeting is a serious affair in the improvement of the hospital service and these meetings must be made not only compulsory but the minutes must also be supplied to the Ministry as to why the Deaths have taken place." So, apart from sub-standard drugs, corruption, political favouritism and the system of

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admitting students by taking two lakhs or three lakhs etc. are bringing in bad name. I do not want to blame anybody but there is this reservation in recruitment of service. Mr. Minister, I am not against anybody. But in the recruitment to the medical profession and to the Government hospital, there has to be a little improvement whereby merit should not become a casualty because you are dealing with the precious life of the people.

श्री अश्विनी कुमार (बिहार) : अभी माननीय मंत्री जी ने दिल्ली रोगियों के लिये कितना स्वर्ग बना दिया है इसका एक बहुत सुंदर चित्र खींचा है । दिल्ली देश की औसत से अच्छी है, यह भी इन्होंने कहा है । मैं नम्र निवेदन करना चाहूंगा कि दिल्ली राजधानी है, केन्द्र शासित है, केन्द्र से धन प्राप्त होता है जिसके पास राज्यों से बहुत अधिक रिसोर्सेज हैं । राज्यों से मुकाबला करके आप एवरेज पर मत आइये । नहीं तो वही किस्सा हो जायेगा कि मैंने तो नदी नाम ली थी फिर भी कुन्बा डूब गया । इसलिये कहता हूं कि उधर मत जाइये । मैं आप से निवेदन करना चाहूंगा कि दिल्ली के अस्पताल वास्तव में एक आदर्श उपस्थित करें जिसको देखकर अन्य स्टेट्स के अन्दर इसका कुछ खिचाव हो । मैं जानता हूं मेरे प्रदेश बिहार में अस्पतालों की क्या हालत है । दिल्ली की हालत उन सबसे बहुत अच्छी है । परन्तु हम 21वीं सदी में जा रहे हैं और हर बात में अमेरिका और इंग्लैण्ड से तुलना करते हैं और उसकी तुलना में कहीं टिकते नहीं हैं । हमें ऊपर से तुलना करनी चाहिये नीचे से नहीं करनी चाहिये । आपने आंकड़े दिये हैं, 80 लाख के आंकड़े दिये हैं । अन्य बातों से अस्पताल की सुविधायें अच्छी हैं इसलिये हजारों रोगी प्रतिदिन यहां आते हैं । मैं आपको यह भी बता दूं कि कम से कम बिहार राज्य से हम सरीखे जो मैम्बर पार्लियामेंट हैं उनके घर में तीन-चार मरीज बने रहते हैं, उनकी परिवार के लोग ये सुविधायें प्राप्त करने में हमेशा लगे रहते हैं । यह आपकी जिम्मेदारी बनती है कि इस में और ध्यान दिया जाए । आप वस्तुस्थिति की ओर आएं । इसमें और क्या सुधार हो सकता है इसको आपको देखना चाहिये ।

मैं एक उदाहरण देना चाहता हूं । आपने कहा कि इतने बैड्स हैं । सफदरजंग अस्पताल की बात बताता हूं । 1972 में 1200 बैड्स थे और आज भी 1200 बैड्स हैं । जनसंख्या बढ़ गई है । वहां पर पेशेंट्स की संख्या भी बढ़ गई है । सफदरजंग अस्पताल और आल इंडिया इंस्टीट्यूट्स के नाम से लोग ाते हैं इसलिये यहां मरीजों की संख्या बढ़ गयी है । अगर आप अनुभव करना चाहें तो गाइनाकालोजी विभाग में चले जाइये । आप देखेंगे कि एक-एक बिस्तर में दो-दो गर्भवती महिलायें लेटी हुई हैं । कभी-कभी आपे देखेंगे कि दो-दो पेशेंट के साथ दो-दो बच्चे लेटे हुये हैं । यह भी आप को देखने को मिलेगा कि पेशेन्ट नीचे जमीन पर बिस्तर पर पड़े हुये हैं । यह स्थिति गाइनाकालोजी विभाग की है । हमारी राज्य स्वास्थ्य मंत्री महिला हैं । इनको वहां जा कर वहां की स्थिति पर ध्यान देना चाहिये । कई बार रोगियों को नीचे डाल दिया जाता है । उसके लिये वहां पर कितने और बैड्स बढ़ाये जा सकते हैं इसकी ओर आपको ध्यान देना होगा । जो रोगी भर्ती होने के लिये आते हैं तो वे इमरजेंसी में आते हैं, ओ०पी०डी० विभाग में आते हैं और वहां की व्यवस्था उचित नहीं होती । कई बार वहां के डाक्टरों का व्यवहार भी बड़ा घिनौना होता है । जब वह आल इंडिया इंस्टीट्यूट में जाते हैं तो वहां ठप्पा लगा दिया जाता है कि वह सफदरजंग अस्पताल में जायें और सफदरजंग अस्पताल वाले कहते है कि हमारे यहां जगह नहीं है । इस तरह से उनको परेशान किया जाता है । जब इंवेस्टीगेशन का प्रश्न आता है तो महीनों और सालों लग जाते हैं । इतनी सब सुविधाओं के बाद भी यह हालत है दिल्ली के अस्पतालों की । इन सब के बावजूद तत्काल इनके लिये क्या करने की आवश्यकता है यह आपको देखना है । और एक ओर तो जांच करने में बहुत समय लगता है और दूसरी ओर बहुत सारी ऐसी मशीनें हैं जिनका उपयोग नहीं हो रहा है । तीन-चार मशीनों के नाम मैं ापको गिना देना चाहता हूं जो वर्षों पहले ली गई है, लेकिन उनका कोई प्रयोग नहीं हो रहा है । इस समस्या पर भी आपको विचार करने की अवश्यकता है । सफदरजंग अस्पताल के अन्दर जिन मशीनों का कोई प्रयोग नहीं किया जा रहा है वे हैं—ओपन हार्ट लंग

मशीन, हाईड्रोथिरेपी टेक, मल्टीचेनल कार्डिक मोनीटर और ओप्रेशनटेबल विद एक्स-रे एण्ड टी० वी० फैसिलिटीज । इन सारी मशीनो का उपयोग डाक्टर नही कर पा रहे है । इसके लिये क्या व्यवस्था की जाये । इस पर आपको विचार करना चाहिये । कई अस्पतालो के अन्दर तो चीजे नही है और जहा पर चीजे है वहा पर उनका उपयोग नही हो रहा है । इसलिये मै चाहता हू कि आप इन चीजो की तरफ विशेष ध्यान दे । सबसे बडी समस्या जो इन सारी चीजो की व्यवस्था है, जैसा हमारे मित्रो ने कहा, वह यह है कि जिस ढग से डाक्टरो की अपाइन्टमेंट की जाती है उसमे भारी दोष है । उसको सुधारने की आवश्यकता है । वह आप सिनियारिटी से लेंगे, सलेक्शन करेगे, कौन सेलेक्शन करेगा यू० पी० एस० सी करेगा या कोन करेगा, इसका निर्णय नही किया गया है । अभी स्थिति यह है कि जिस ढग से लोगो को लिया जाता है, चाहे कोई हार्ट पोस्ट हो, हेड आफ दी डिपार्टमेंट की पोस्ट हो या सुपरिन्टेडेंट की पोस्ट हो, उनका सेलेक्शन इस गलत तरीके से किया जाता है कि स्टाफ के अन्दर भयकर असतोष व्याप्त हो जाता है । इस असतोष के कारण असहयोग पैदा होता है और इस असहयोग का परिणाम यह होता है कि रोगियो को कठिनाइयो का सामना करना पडता है । हा तक मेडिकल अस्पताल का सम्बन्ध है, वहा पर जितनी भी पोस्ट्स है सब्सटाइजमेन्ट दिया गया लेकिन ऐसा किया जा सकता है । एक पोस्ट के लिए इन्टरव्यू किया गया और सब-स्पेशलिटी भी कर दी गई । उसमे ऐसे लोगो को एपायन्ट नहीं किया गया जो 15 साल के अनुभवी थे । उन्हे एक ऐसे व्यक्ति पर एपायन्ट किया गया जिसका केवल दो या तीन साल का अनुभव था । यही कारण है कि उनका उपयोग नही किया जा रहा है । इस प्रकार से मरीजो के साथ मजाक किया जा रहा है ।

एक घटना मै आपको बताना चाहता हूं । क्या सरकार अस्पताल के डाक्टरो के साथ मजाक कर सकती है ? उन्होने समाचार पत्रो मे विज्ञापन दिया कि वे पी० एच० डी० कोर्स बायो मेडिकल मे प्रारम्भ कर रहे है । उसके लिए प्रोफेसरो को इन्टरव्यू भी किया गया और सेलेक्शन भी कर दिया गया । लेकिन बाद मे पता चला कि इसके लिए हैल्थ मिनिस्ट्री की अनुमति ही नही मिली थी । इस प्रकार से यह सब फोर्स हो गया । इस प्रकार की धोखाधडी कोई व्यक्तिगत रूप से करे तो समझ मे आ सकता है, लेकिन सरकारी अस्पताल मे इस प्रकार की घटना हो जाये, इस पर विशेष ध्यान देने की आवश्यकता है ।

अन्त मे मै यह कहना चाहूगा कि जैसा हमारे मित्रो ने कहा कि हमे एक आदर्श सेवा उपस्थित करनी चाहिए । जैसा श्री कुलकर्णी जी ने कहा, कुछ उस प्रकार की व्यवस्था कीजिये जिससे दिल्ली सारे देश मे एक आदर्श प्रस्तुत कर सके । डाक्टरो की सिनियोरिटी के मामले मे, उनके सेलेक्शन के मामले मे, उनकी इन्क्रीमेन्ट के मामले मे, उनकी पोस्टिंग के मामले मे ऐसी सुव्यवस्था कीजिये कि उनमे किसी प्रकार का असतोष व्याप्त न होने पाये । अगर यह काम यनियन पब्लिक सर्विस कमीशन के माध्यम से होना है तो उसके माध्यम से कीजिये । आप कोई न कोई ऐसा माध्यम बनाइये जो निष्पक्ष हो । आज जिस प्रकार से लोगो के मन मे जो जलन होती है, तो हार्ट बर्निंग होती है जिसके कारण रोगियो की उपेक्षा होती है उसकी तरफ ध्यान देने की अवश्यकता है । अन्त मे यह निवेदन करना चाहूगा कि मत्री महोदय ने जो आकडे दिये है वह अच्छे हो गये लेकिन हर लोक सभा के सदस्य की तरफ से आपका ध्यान दिलाया है उसे करके या दिल्ली को एक आदर्श प्रस्तुत करे ।

THE DEPUTY CHAIRMAN (Shri Satya Prakash Malviya—Absent).

SHRI VIRENDRA VERMA (Uttar Pradesh). Madam, I have given my name in his place.

THE DEPUTY CHAIRMAN: All right, you will get your chance. Yes, Mr. Baby.

SHRI NIRMAL CHATTERJEE (West Bengal): I have given the information that he is not here and Mr. Sukomal Sen will speak in his place.

SHRI B. SATYANARAYAN REDDY (Andhra Pradesh): Madam, we have given names in respect of names of members of our different parties and those names are to be called and not everybody's name.

THE DEPUTY CHAIRMAN: Your turn is afterwards. Mr. Baby. Yes, Dr. Bapu Kaldate.

डा० बापू कालदाते (महाराष्ट्र) : उपसभापति महोदया, मैं अन्य बातों की चर्चा न करके केवल दो तीन बातों का जिक्र करना चाहूंगा। मैं चाहता हूं कि माननीय मंत्री जी उन बातों की तरफ ध्यान देने की कृपा करें। मैं यह कहना चाहता हूं कि आज जो राजनैतिक दुष्प्रभाव हमारे आयुर्विज्ञान के क्षेत्र में पड़ रहा है और उसका कितना बुरा असर हो रहा हैं वह हमारे महाराष्ट्र के भूतपूर्व मुख्य मंत्री के साथ जो कुछ हुआ है उससे भली-भांति जाना जा सकता है। मैं चाहता हूं कि ये बातें इसके लिये नही होनी चाहिए। अगर किसी के मंत्री पद के साथ खिलवाड़ हो जाय तो वहां कोई चिंता की बात नहीं हैं लेकिन अगर किसी के साथ खिलवाड़ हो जाता है तो वह ज्यादा भयानक घटना होती है। इसको मैं ज्यादा स्पर्श नहीं करना चाहता क्योंकि इसके बारे में कुलकर्णी साहब ने काफी कहा है। यह भी बात मैं इस संदर्भ मे स्पष्ट करना चाहता हूं कि मैं इस बात मे कुलकर्णी साहब से बिल्कुल असहमत हूं जिस ढंग से उन्होंने रिजर्वेशन के सवाल पर बात कही। मै औरंगाबाद से आता हूं। यह गलतफहमी आज भी इस देश में हैं कि जो पिछडे हुए जमात के लोग हैं, उनका मेरिट कम हैं। औरंगाबाद की बात मैं कहता हूं वहां जनरल सीट 101 हो गई हैं लेकिन रिजर्वेशन के जो पात्र हैं उनका मेरिट 96 प्रतिशत है। यह कहना गलत है कि 20-25 साल के बाद; और मेरिट की बात 3 लाख रुपये देकर जब यह होता है तो तब मेरिट का क्या होता है। तो इस देश में पैसे का मेरिट चलेगा लेकिन गरीबी का मेरिट नहीं चलेगा इस बात को मैं नहीं मानता और इस में परिवर्तन करने की आवश्यकता मैं महसूस नहीं करता हूं।

उपसभापति महोदया, मैं कुछ बातों की तरफ ध्यान खींचना चाहता हूं। जहां तक आपरेशन थियेटर का सवाल है इस देश में जो भी सर्वे हुए हैं उनके मुताबिक इस बात की जानकारी हो गई होगी कि इस संबंध में जो अंतर्राष्ट्रीय मान-दंड हैं, आपरेशन थियेटर के अंदर उन मानदंडों का पालन नहीं किया जाता है। क्योंकि वे इसके लायक नहीं हैं। आपरेशन थियेटर का जहां सवाल आता है तो वहां तीन-चार बातें ध्यान में रखनी बहुत आवश्यक होती हैं। एक तो उसका निर्माण, उसका रख-रखाव, उसका प्रवेश द्वार, उसके उपकरण, उसकी कीटाणु मुक्तता, उन उपकरणों की देखभाल और उन उपकरणों के चलाने वाले नर्सेज और जो डाक्टर्स होते हैं उन सब के बारे में गहराई से सोचना होता है। आप सब जानते हैं जब भी कोई मृत्यु होती है, इसमें भले ही अन्य कारण भी हों शाक से आपरेशन थियेटर में जाते हुए भी मृत्यु हो सकती है, लेकिन मृत्यु का बहुत बड़ा कारण यह होता है कि आपरेशन थियेटर को जितनी कीटाणु मुक्तता चाहिए इनमें इतनी कीटाणु मुक्तता नहीं होती। यह बात सही है कि इस कीटाणु मुक्तता के लिये हम लोगों को कुछ न कुछ बहुत ज्यादा गहराई से सोचना होगा और इधर ध्यान देना होगा। मैं यह आपसे प्रस्ताव करता हूं कि इनके जो इंटरनेशनल स्टैंडर्ड हैं, अन्तर्राष्ट्रीय मानदंड हैं इसके मुताबिक जो बड़े-बड़े अस्पताल हैं और

कम से कम यहां एक बात साफ है नाम गिनाने की कोई जरूरत नहीं, सफदरजंग अस्पताल है, जयप्रकाश नारायण अस्पताल है, लोहिया अस्पताल है, बड़े-बड़े लोगों के नाम से है, सुचेता जी के नाम से है, कस्तूरबाबाई के नाम से है, तो ये अस्पताल बड़े-बड़े लोगों के नाम से है और ये अस्पताल भी बड़े-बड़े है लेकिन इनमें कुछ आवश्यक चीजों की व्यवस्था नहीं होती उसकी तरफ मैंने आपका ध्यान खींचा है।

दूसरा, दवाओं के बारे में मैं ज्यादा नहीं कहूंगा। इस दिल्ली शहर के बारे में यह कहा जाता है कि यहां पर रोज 50 दुर्घटनायें होती हैं। हमारे पास सिर्फ एम्बुलेंस है। जहां तक मेरी जानकारी है उसके रिपेयर की ठीक व्यवस्था नहीं है। मैं यह जानना चाहूंगा कि आपने ऐसा कोई सेन्टर खोला है जहां से, इतिहास में पुर्जे यहां उपलब्ध हो जायें। मैं ने देखा है कि व्यवस्था के अभाव में ठीक होने में महीनों लग जाते हैं। वे पुर्जे उपलब्ध नहीं होते। मैं ने इसके बारे में कई बार लिखा है। मैं खुद गया था मंत्रीजी के पास। मेरे मित्र ने एप्लीकेशन दी थी। मैं कहीं जाता हूं तो मैं सभी सदस्यों से कहता हूं कि आप मेम्बर पार्लियामेंट हैं क्योंकि मेम्बर पार्लियामेंट का क्या होता है कि भागदौड़ होती है। एम्बुलेंस गये तो उन्होंने हमारी तरफ देखा तक नहीं। मैंने पूछा सोहनी, जो हमारे मित्र हैं, रजिस्ट्रार सिंघलाइये। उन्होंने कहा कि इस रजिस्टर में कुछ नहीं, रजिस्टर है ही नहीं। रजिस्टर को ढूंढते-ढांढते हम गये और उनसे पूछा लेकिन उन्होंने बताया नहीं। उसके बाद मैंने कहा कि अरे इनसे, मैं मेम्बर आफ पार्लियामेंट। तब उन्होंने कहा। मैंने उनसे कहा कि इसका मतलब यह है कि जब मैं मेम्बर पार्लियामेंट का क्या तभी आप बात करेंगे या मैं हूं दूसरे जो गरीब हैं उनका क्या होगा। अगर मैं पार्लियामेंट में न होता तो हमें वैसे ही वापस जाना पड़ता।

There are some reasons. I do not blame them all But one of the reasons is the terrific overcrowding in the hospitals

हम लोहिया अस्पताल में गये थे वहां पर इमरजेंसी वार्ड में पेशेंट इधर-उधर पड़े हुए थे।

Forty one thousand operations were done last year in the Jayaprakash Narayan Hospital. Twelve thousand operations in the Pant Hospital. यह जो संख्या है यह बढ़ रही है इसके बारे में आप कुछ न कुछ करें। अगर व्यवस्था नहीं होगी तो इससे ज्यादा कुछ निकलेगा मुझे ऐसा नहीं लगता है। आपने खुद कहा है इटरनेशनल स्टेंडर्ड है 75% और आपका है 120%। This means, we have already exceeded 45 per cent of the internation standard यह तो बात हो गई। आप इसे कैसे सैटिसफैक्ट कर सकते हैं। मेरा सुझाव यह है कि जो रेलवे का विकेन्द्रीयकरण हो गया है अस्पतालों में सुविधाओं का उसका लिये डीकंजेस्ट कर सकते हैं। अस्पतालों में कुछ तो आप सुविधायें अलग-अलग जगहों पर बांटा जाये। हमारे लोगों को इस पर मेडिकल सुविधा दी जाये। मैं कि मेरी लाख बार जाऊं। सर्विसेज बारे में मेरा सुझाव यह है। मेरा सुझाव है।

In case of the railways, they are having their own service selection board Can we not think in that direction?

यहां तो सरकारी अस्पतालों का सवाल है वहां क्या हम इस ढंग से नहीं सोच सकते कि हमारा भी इसके लिए Medical सर्विसेज सिलेक्शन बोर्ड हो जैसे यूपीएससी या स्टेट पब्लिक सर्विस कमीशन या रेलवे बोर्ड की परीक्षा होती है। अगर हमारी इन सेवाओं की परीक्षा लिए उचित व्यवस्था हो जाए तो हो सकता है। इन बातों में कुछ हद तक हम टाल सकते हैं। मैंने देखा है कि इंफ्लुएंस को टाला नहीं जा सकता है।

Political influence is something which you will have to bear with for some time at least.

यह होना नहीं चाहिये। अंत में मैं यह

(डा० बापू कालदाते)

यह होना नहीं चाहिये। अंत में मैं यह सुझाव दूंगा कि क्या आप यह नहीं कर सकेंगे कि एक्सीडेंट्स के बारे में, थियेटर के बारे में जो भी आपकी शिकायतें हैं। मैंने तो मजाक में कहा था कि जैसे इंग्लैंड में टी०वी० के सामने बैठने वाले पति पत्नी लड़के को डोंट टाक कहते हैं वैसे हमारे अस्पतालों में एक ही जवाब आता है एन० ए० यानी यह नहीं मिलेगा वो नहीं मिलेगा। एन०ए० का मतलब होता है नान अटेंटिव बाकी कुछ नहीं। मेरा सुझाव यह है कि इन चीजों की बहुत गहराई में आपको जाना चाहिये। इसके लिए मेरा सुझाव यह है कि आप जो चीजें अत्यावश्यक सुधार की है उनके लिए एक कमेटी का निर्माण कर दें और उस कमेटी से सुझाव ले कर इन बातों को तुरंत दुरुस्त करने का प्रयास करे। इन सुझावों के बारे में आपकी क्या राय है यह मैं आपसे जानना चाहता हूं? धन्यवाद।

SHRI GURUDAS DAS GUPTA (West Bengal): Madam, Deputy Chairman, we are not discussing the pitiable condition of Delhi hospitals alone. As far as todays' Calling Attention Motion is concerned it calls the attention of the hon. Minister of Health and Family Welfare to the condition of hospitals all over the country.

DR. BAPU KALDATE: In general.

SHRI GURUDAS DAS GUPTA: In general. Therefore, at the outset, I say that the hospitals in the city are bound to be overcrowded and there are bound to be cases of dereliction of duty on the part of the doctors and other staff, there are bound to be cases of in attention on the part of the people working in the various hosiptals and the hospitals will remain in the same pitiable condition as they are today, if the national health policy, the health policy of the Government does not undergo a radical change.

The present health policy of the Government is a policy of providing health facilities in the metropolitan cities precisely, may be a little more facilities in the cities. The whole concentration of the policy of the Government is to ensure setting up of hospitals, with the funds available with them, and to make arrangements for treatment, firstly, in the metropolitan cities and secondly, in the district towns. In the down below, in the district level, there is hardly any arrangement for treatment, diagnosis, nursing etc. I suppose, the Minister of Health and the Minister of Human Resource Development, will have a look, a fresh look, at the policy being pursued by them which deprives the largest majority of the people living in our country these facilities and puts them beyond the range of elementary health facilities. Therefore, it has to undergo a change. Change means more health arrangements, more hospital facilities at the zonal level that is at the block, subdivisional and down below, levels. If there are sufficient arrangements down below, there won't be so much rush of patients in the Bombay, Calcutta or Delhi hospitals. So, the problem has to be dealt with at the bottom level. I do not know whether the Government is prepared to have money for this, infrastructure for this. The Government has to give a fresh look at the health policy itself. *Time bell rings*). (*Interruptions*).

Madam has to do her duty and I have also to do my duty. Right to health is a luxury for the common people, right to health is a luxury for the people who have nothing, but right to have health is a right to bureacurats, to the Members of Parliament, right to health is a right to the Ministers. You can see an ailing Chief Minister with a special aircraft to a USA hospital. You could have special set up for the political leaders in a Delhi hospital. That is where discriminatory policy is being perpetrated. You will spend money for discriminary treatment for the political luminaries, administrative luminaries or people having influence but you will never spend money to change the whole system so that the benefit goes to the down bottom level. That is the

angle you have to change, that is the angle you have to reshape. Otherwise the whole system cannot be changed.

Madam, I believe that the condition in hospitals can only be changed if the people who are called upon to do their duty are dealt with properly by the Minister. Let me give the latest example. Who will give the treatment? It is not Mr. Narasimha Rao or the Minister of State for Health, who will give treatment, it is for the doctors to give the treament and the junior doctors form the backbone of the treatment in a hospital And how is the Government dealing with the young doctors? They are resorting to a strike just to bring Mr. Narasimha Rao to sense. They have been organising demonstrations and dharnas for months together, but he was never brought to sense. He was brought to sense only after there was a strike, after the whole system was paralysed. This is the policy of the Government (*Interrutpions*) Mr Kulkarni is living in a multi-storeyed building of Bombay He could think of withdrawing trade union rights of workers and doctors but he has to understand that everybody is to be given his deu Everybody has a right or a share in decent living so that he can discharge his responsibilities towards the nation.

If this is the attitude of the Government towards doctors if the nurses are called upon to look after patients who are in greater number than it is physically possible for them to look after, how can you expect them to discharge their duties faithfully? I do not plead for inefficiency There are cases of inefficiency, there are cases of dereliction of duty on the part of doctors, they have to be dealt with properly But looking to the situation as a whole, the people who are to do this job must be dealt with a human touch That is where your policy is lacking

Lastly, Madam I would like to submit that this problem may be discussed in a little more details It is not the problem of overcrowding in hospitals, it is not a problem of Delhi citizens or Calcutta citizens alone, it is the problem of common poor citizens for whom you have the responsibility. To do it the whole policy must undergo a change. So, we need a total discussion on the health policy and its dangerous consequences on the toiling poor people, on the people who are living below the line of subsistence and for that I suggest, let there be a full-fledged discussion on this subject.

STATEMENT BY MINISTER

Grant of D A. to Central Government Employees

THE DEPUTY CHAIRMAN: Shri Gadhvi.

THE MINISTER OF STATE IN THE DEPARTMENT OF EXPENDITURE IN THE MINISTRY OF FINANCE (SHRI B. K. GADHVI): Madam, Government have accepted the D A. formula recommended by the Fourth Pay Commission, in respect of employees of Groups B, C & D. According to the revised formula D.A. has to be sanctioned on the basis of percentage increase in whole numbers of the 12-monthly average of CPI on 30th June and 31st December over index average of 608 the base figure to which the revised pay scales are pegged The 12-monthly average CPI on June 30 1986 is 632.41, which works out to an increase of 4 per cent over 608 on the above basis. Employees drawing basic pay upto Rs 3500/- are to be allowed 100 per cent neutralisation and are, therefore entitled to the revised D.A of 4 per cent only with effect from 1.7.1986

Government have now decided to pay this instalment of Dearness Allowance to the Central Government employees in cash Order in this behalf will be issued by the Ministry of Finance soon

The annual cost of this amount of D A is estimated at Rs 270 crores